

## AUTHORISATION FORM

**The below section is to be completed by the line-manager of the applicant**

Are you in full support of this application?

YES  NO

**Line manager (in case of staff/supervisor in case of student)**

\_\_\_\_\_

\_\_\_\_\_

**Name & Surname**

**Signature**

**The below section is to be completed by the Faculty Research Coordinator**

<b>Faculty Research Coordinator</b>				
I hereby confirm that this application has been checked	YES		NO	
Are you in support of this application	YES		NO	
Is this application endorsed by the Faculty	YES		NO	

**Full name of FRC:**

\_\_\_\_\_

**Signature of FRC:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Full name of Dean of Faculty:**

\_\_\_\_\_

**Signature of Dean of Faculty:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Faculty stamp**